

**Report to  
The Vermont Legislature**

# **Patient Experience of Care**

**In Accordance with Act 185, Section E.314.1**

**Submitted to:** House Committee on Health Care  
Senate Committee on Health and Welfare

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## Legislative Language

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(1) *Sec. E.314.1 DEPARTMENT OF MENTAL HEALTH; EMERGENCY DEPARTMENTS; PATIENT EXPERIENCE OF CARE; REPORT*

*(a) On or before January 15, 2023, the Department of Mental Health shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare regarding the progress of the health care system in improving the patient experience of care for individuals encountering lengthy emergency departments waits for admission for inpatient psychiatric treatment. The report shall include an assessment of the services offered to these patients in emergency departments and the extent to which stakeholder input is included in decisions about services and patient care. The report shall include the most recent data pertaining to patient length of stay in emergency departments due to a lack of appropriate alternative mental health level 1 or step-down bed placements, and any changes anticipated in the inventory of level 1 or step-down beds system wide.*

## Executive Summary

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The Department of Mental Health believes that individuals seeking inpatient psychiatric treatment deserve timely access to quality mental health care and should not encounter lengthy emergency department wait times. The Department is committed to improving the patient experience of care and is actively pursuing a broad range of initiatives to meet this goal.

The Department's activities include supporting a broad range of initiatives such as grant-funded efforts to improve emergency department provider competency of mental health crises, increasing capacity of our mental health level-1 (inpatient units where an individual requiring additional resources can receive to adequately treat) or step-down services, exploring alternatives to emergency department placements through community-based crisis programming, conducting stakeholder engagement and outreach, and the dissemination of resources to help families navigate emergency services. Currently, within the last year, 458 out of 1025 individuals the Department serves 45% were able to discharge from the emergency room to a less restrictive setting, such as a crisis bed.

In order to continue improving the patient experience of care, the Department recommends pursuing the following strategies:

- Increase the availability of services that can serve as alternatives to Emergency Departments, such as community-based crisis programming.
- Create more trauma-informed environments in Emergency Departments.
- Continue to invest in workforce recruitment and retention efforts across sectors.
- Increase compensation for acute psychiatric hospitals to ensure rates are comparable with other statewide crisis care employers.
- Utilize current standing committees and councils to solicit ongoing feedback from those with lived experience.

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## Introduction

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Vermont, alongside much of the country, is experiencing significant challenges regarding emergency department wait times for individuals seeking inpatient psychiatric treatment. Critical workforce challenges within our mental health care system, lingering impacts of the COVID-19 pandemic on provider capacity, and an increase in need and acuity of mental health care all contribute to a strained system. To truly solve this problem and impact the patient experience, substantial investments must be made across all levels of our system to increase the availability, capacity, and quality of mental health care.

The Department hosted several stakeholder meetings (June 2021, September 2021, December 2021, and June 2022) to receive direct input on the current challenges and possible solutions to the system of care for children entering emergency departments due to mental health crises. These engagement sessions created a pathway for families to provide recommendations to State Departments to improve the system of care, which has directly informed the Department's current strategies.

In addition to the solutions listed in this report, the Department is also working towards long-term initiatives to increase the options individuals have available when experiencing a mental health crisis. The Department hopes to expand services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response in order to ensure that individuals in crisis have better access to care. Notable policy advancements include expanding Lifeline Call Centers and the successful statewide efforts to implement the national 9-8-8 Call Center Program. Additional efforts include supporting flexible access to telehealth, peer support services, and other low-barrier mental health supports. Through these efforts, the Department aims to increase access to mental health services, promote preventative care, and establish earlier intervention points for individuals in need to lessen the need on emergency department usage for mental health crises.

## Expanding Trauma-Informed Care within Emergency Departments

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The Institute for Healthcare Improvement (IHI) has produced a guiding framework to help hospital emergency departments and community partners improve care for individuals with mental health conditions and substance use disorders. IHI identifies the creation of a trauma-informed care culture as a primary driver in meeting the following high-level aim: improve patient outcomes, the experience of care, and staff safety while decreasing avoidable emergency department re-visits for individuals with mental health conditions.<sup>[1]</sup>

Through a private grant-funded project, a trauma-informed care (TIC) training program was created and delivered in State Fiscal Year 2022 to most emergency department ancillary staff (Registered Nurses, Emergency Medical Technicians, and Mental Health Technicians) at the University of Vermont Medical Center (UVMC). While formal data are pending, the anecdotal success of this effort prompted consideration of expanding to other emergency departments in Vermont hospitals.

In Federal Fiscal Year 2023, the Department is leveraging one-time federal funds from the Bipartisan Safer Communities Act, Health Resources and Services Administration (HRSA) Pediatric Mental Health Care Access Expansion Award Funding, to offer TIC trainings to Vermont's other hospital emergency departments. The Department is partnering with the Vermont Program for Quality in Health Care as our liaison with the Emergency Departments across the state. Emergency Medicine Pediatrician Dr. Christian Pulcini, the UVMC project lead,

will offer consultation and guidance to this project based on the experience at UVMMC. The TIC training team will comprise of two clinical mental health professionals with expertise in trauma-informed care and a peer support specialist.

Vermont hospital emergency departments (ED) will be offered opportunities for staff to be trained and supported through a community of practice to learn and implement trauma-informed care best practices to support people presenting to EDs in mental health crisis. Up to 13 VT EDs will be invited to participate in the project, excluding UVMMC, who have already completed a similar initiative. Participation in the TIC training is voluntary. The project will contribute to ensuring that Vermont emergency department (ED) providers are equipped with the knowledge, tools, and resources they need to provide the highest quality of care for patients with mental health and/or substance use disorder needs arriving in the ED.

## Stakeholder Engagement

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The Department hosted several stakeholder meetings (June 2021, September 2021, December 2021, and June 2022) to hear from families and stakeholders about challenges. During the meetings, stakeholders were also asked to contribute possible solutions to the issue of children accessing the care they need so children do not end up in the Emergency Department when they are in a mental health crisis.

Recommendations that came out of these meetings were:

- implement more alternatives to Emergency Departments,
- support respite for families,
- create more intensive levels of care that live between outpatient and inpatient care for children in distress but don't (yet) need a hospital,
- develop more access to supports, services and treatments,
- create more trauma-informed environments in EDs,
- increase access to peer supports, and
- expand mobile crisis statewide.

Additionally, the State Interagency Team revised and distributed [a brochure](#) created two years ago for families in Emergency Departments with their children. The creation of this brochure was in direct response to a parent who had spent weeks with their child in an Emergency Department and requested some type of document that could assist with resource information and a way to document what was being shared and said in the ED. The brochure contains useful information to help families navigate this difficult situation. This brochure was included also in the activity kits that the Vermont Program for Quality in Health Care (VPQHC) compiled. The staff at VPQHC put these kits together activity kits for children who are in crisis and waiting in Emergency Departments; they were created with a tremendous amount of thought and care.

Finally, VPQHC received a \$901,123 Congressionally Directed Spending grant from Senator Patrick Leahy through the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the coordination of a Vermont Emergency Telepsychiatry Network. The network will develop a statewide system to help people with acute mental health crises waiting in emergency departments access timely psychiatric assessment via telehealth. While this effort is not Department-funded, the Department recommends considering this effort as a best practice and guiding effort for future programming.

## Emergency Room Wait Times

Patients Waiting In ED December 2021 - November 2022 Involuntary Adults - EE, Warrant, and Forensic Observation; Involuntary Youth - EE, and Warrant; and Voluntary Youth (Medicaid)				
	Disposition to DH*		Disposition to Other	
	# of Patients	Mean Wait Time (hours)	# of Patients	Mean Wait Time (hours)
Adult Involuntary	418	83.60	232	36.85
Youth Involuntary	34	135.74	42	87.05
Youth Voluntary (Medicaid)	115	136.12	184	101.95

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.  
Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Adults and Youth are defined as those involuntary civil patients on warrant for immediate examination or applications for emergency exam, voluntary youth with Medicaid, and forensic patients with a court-ordered observation. Wait times are point in time and based on month of disposition. Only patients who waited in an ED were included in the study. Data selected included admission dates from December 2021 through November 2022 to provide a complete 12 month period.

\*includes CVPH for voluntary youth

The above table shows that 458 out of 1025 individuals (45%) were able to discharge from the emergency room to a less restrictive setting, such as a crisis bed.

## Level-1 Bed and Step-down Inventory Changes

### *Traveling nurses to assist with increasing inpatient mental health beds*

In mid-February 2022, the Brattleboro Retreat (Retreat) accepted ten additional state-funded traveling nurses, seven of whom had competency with children and adolescent. These nurses enabled the Retreat to re-open four adolescent beds, which is a valuable expansion of capacity since there are no other providers of child and adolescent psychiatric services in the state.

- In October 2021, the Retreat experienced its first COVID outbreak. As a result, bed availability decreased from 59 beds on October 1 to 39 beds by October 25.
- Throughout November 2021, the Retreat worked to rebuild capacity. By December 3, the census was back to 60. Unfortunately, in late December, a second COVID outbreak occurred inside the Retreat. By December 30, the census had dropped to 48. In mid-January 2022, the census was down to 44.
- By late February 2022, with the ongoing state-funded nursing support, the inpatient census returned to 60, a 12-bed increase from earlier in the month.
- The Retreat started with 5 traveling nurses and then increased to 15 in late-February, which allowed for the re-opening of 4 additional adolescent beds.

Because of the acuity of illnesses that the Retreat serves, when sufficient staffing is not available, beds must be closed. This course of action shuts down a critical resource for acute care hospitals in Vermont. Unfortunately, the result is a gridlock in the emergency departments and the risk of prolonged delays for patients in dire need of

specialized psychiatric care. These bottlenecks impede acute care hospitals from providing needed emergency services to their communities and securing appropriate psychiatric care for the patients waiting in emergency departments. The upturn in capacity would not have happened without the state-funded travelers that arrived in late January and were oriented and deployed to the inpatient units at the Retreat. These travelers have floated across the inpatient unit at the Retreat either covering shifts on COVID units or relieving core staff to cover COVID units. Most importantly, the state-funded travel nurses enabled the Retreat to keep psychiatric beds open during the statewide COVID surge. Had this not happened, the Retreat's bed capacity would have been suppressed and the acute care hospitals' ability to handle the swell of COVID patients presenting in the emergency departments during the surge would have been severely impacted.

#### *Traveling nurses to assist with increasing beds at Northeast Family Institute (NFI):*

NFI had one nurse assigned to them at the home diversion program (HDP) South from February 13, 2022, to May 27, 2022. This was to maintain the current operations that had (4 beds M-F) as they had lost their overnight awake staff, which would have meant the program would have to close or they could only offer daytime (non-residential/overnight) services until they filled the staffing needs.

The Department also have executed a Recruitment and Retention grant with NFI to support their HDP programs. This grant was for \$150,000 from May 1, 2022, to May 30, 2023, for sign-on bonuses, recruitment support, retention bonuses and advertising.

#### *Wage Increases to Support Workforce Retention*

To retain permanent nurses and attract more nurses, UVMMC and the Vermont Federation of Nurses and Health Professionals agreed on a 10% wage increase starting in February 2022. Nurses received an additional 5% increase in October 2022 and will receive an additional 5% increase in October 2023. Additionally, all technical employees--excluding imaging techs who have a separate agreement-- will receive a \$5,000 stabilization bonus. The Department recommends implementing wage increases for Vermont Psychiatric Care Hospital and the Brattleboro Retreat, in order to remain competitive with these efforts.

[!\[\]\(fa6f3af6bfa46c5d4a2d362681095beb\_img.jpg\) Schall M, Laderman M, Bamel D, Bolender T. Improving Behavioral Health Care in the Emergency Department and Upstream. IHI White Paper. Boston, Massachusetts: Institute for Healthcare Improvement; 2020. \(Available on \[ihi.org\]\(https://www.ihi.org\)\)](#)

## Recommendation

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- Increase in alternatives to Emergency Departments to ensure there is adequate programming available for individuals who require a less restrictive setting, such as a crisis bed or step-down placement.
- Continue to invest in workforce recruitment and retention efforts across sectors to ensure individuals have access to the supports and services they need and to decrease the reliance on traveling nurses. This includes increasing compensation for nurses at Vermont Psychiatric Care Hospital and Brattleboro Retreat, in order to remain competitive with other statewide wage raises.
- Utilize opportunities such as the Mental Health Integration Council, Adult State Standing Committee, Children's Standing Committee, and Act 264 Advisory Board to solicit feedback about the system of care from those with lived experience.